

_____ Hospital / Medical Center
Submission Checklist
Twelve Months Filing

Please complete the boxes outlined in bold with a ✓ and submit with your filing.				
	Hard Copy (Original <u>and</u> One Copy separately bound)		PDF (Filed through secure internet connection)	
Cover Letter & Submission Checklist	Hard Copy	<input type="checkbox"/>	PDF*	<input type="checkbox"/>
Affidavit - Notarized Twelve Month Actual Filing	Hard Copy	<input type="checkbox"/>	PDF*	<input type="checkbox"/>
DPH license - as of September 30, 2013	N/A		PDF	<input type="checkbox"/>
AUP - Independent Accountants Report on Applying Agreed-Upon Procedures	Hard Copy	<input type="checkbox"/>	PDF	<input type="checkbox"/>
Support Schedules - for Plus/Minus Other Adjustments	N/A		PDF	<input type="checkbox"/>
Variance Explanations (Thorough explanation of <i>input</i> amounts with a variance of greater than plus or minus 25% on Report 100, 150, 300, 350, 450, 500, 650)	N/A		PDF	<input type="checkbox"/>
IRS Form 990 – or Form 8868 indicating the hospital applied for a time extension or an approval letter from the IRS indicating the hospital received a time extension. (Hospitals may redact the donor names in the final submission to OHCA.)	N/A		PDF	<input type="checkbox"/>
HRS files have been electronically submitted and no hard copies of the HRS reports are being submitted.	N/A		HRS files submitted	<input type="checkbox"/>

**Hospitals may submit the cover letter, submission checklist and affidavit in one PDF file. All other items should be submitted in separate PDF files. When naming PDF files, please use a filename that easily identifies the hospital and item being submitted.*

Mail To: Kimberly R. Martone
Director of Operations
Department of Public Health
Division of Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, CT 06134-0308